Application or Docket Number

## PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2003								ļ	1 7	L	0.9	
CLAIMS AS FILED - PART I (Column 1) (Column 2)								L EN	NTITY	OR	OTHER SMALL	THAN ENTITY
TOTAL CLAIMS			20				RAT	Ε	FEE	1	RATE	FEE
FOR			NUMBER FILED		NUMBER EXTRA		BASIC	FEE	355.00	OR	BASIC FEE	2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2
TOTAL CHARGEABLE CLAIMS			2 0 minus 20=		. 0		X\$ 9	)=	· · · · · · · · · · · · · · · · · · ·	OR	X\$18=	***
INDEPENDENT CLAIMS					• 1		X40	)=		OR	X80=	80
ΜU	LTIPLE DEPEN	IDENT CLAIM PI	RESENT				+13!	5=		OR	+270=	
* If the difference in column 1 is less than zero, enter "0" in column 2							TOTA		, 5.	OR	TOTAL	796
CLAIMS AS AMENDED - PART II									1	]	OTHER	S. B. P. Care Haven
	(Column 1) (Column 2) (Column 3)							LLI	ENTITY	OR	SMALL	The state of the s
ENT A		CLAIMS REMAINING AFTER AMENDMENT	1	HIGH NUM PREVIO PAID	BER OUSLY	PRESENT EXTRA	RAT	Ε	ADDI- TIONAL FEE		RATE	≱ADDI. TIONA FEE
AMENDMENT	Total	*	Minus	**		=	X\$ 9	)=	: *	OR	X\$18=	
ME	Independent	*	Minus	***		=	X40	=	*	OR	X80=	4
Ľ	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM								* .	1		7,750
							+135			OR	+270=	
AMENDMENT B								TAL		OR.	TOTAL ADDIT, FEE	
		(Column 1)		(Colu		(Column 3)		· · ·				
		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUM PREVIO PAID	IBER OUSLY	PRESENT EXTRA	RAT	Έ	ADDI- TIONAL FEE		RATE	ADDI- TIONAI FEE
	Total	*	Minus	**		=	X\$ 9	)=		OR	X\$18=	
	Independent	*	Minus	***		=	X40	=		OR	X80=	
	FIRST PRESE	NTATION OF M	ULTIPLE DE	PENDEN	CLAIM		+135	 5=		OR	+270=	
							TO ADDIT.	TAL			TOTAL ADDIT. FEE	. 1
<i>.</i>	(Column 1) (Column 2) (Column 3)							F 5, E 1		•	ADDIT. FEE	
AMENDMENT C		CLAIMS REMAINING AFTER AMENDMENT		HIGH	IEST IBER OUSLY	PRESENT EXTRA	RAT	E	ADDI- TIONAL FEE		RATE	ADDI- TIONA FEE
	Total	*	Minus	**		=	X\$ 9	)=		OR	X\$18=	
	Independent	*	Minus	***		=	X40	=		OR	X80=	100
	HRST PRESE	ENTATION OF M	ULTIPLE DE	HENDEN.	CLAIM		+135	 5=		OR	+270=	

\* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.
\*\* If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." \*\*\*If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.

TOTAL

ADDIT. FEE

TOTAL

ADDIT. FEE